

DEPARTMENT OF JUSTICE
Office of Consumer Protection
1219 8th Avenue
PO Box 200151
Helena, MT 59620-0151
Phone: (406) 444-4500 or (800) 481-6896

Consumer Complaint Form

To submit your complaint:

1. Fill out this form as completely as possible, sign it and mail the **signed original** (not a copy) to the Office of Consumer Protection. Keep a copy for your own records.
2. Enclose photocopies of all documents relevant to your complaint, such as receipts, warranties, both sides of cancelled checks, contracts, etc. In this case, **do not send originals**.

Please print or type.

Your Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Business: _____

Party Complained About: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Manager or Salesperson: _____

Product or Service Involved: _____

Model No.: _____ Serial No. or Vehicle Identification No. (VIN): _____

Purchase Price of Product: \$ _____ Approximate Cost of Repair or Replacement: \$ _____

Date of Transaction: _____

Was a contract signed? Yes () – please attach a copy No ()

Was a warranty issued? Yes () – please attach a copy No ()

If your complaint relates to false advertising or deceptive trade practices, for the product or service advertised indicate:

Date of Advertisement: _____ Placement of Advertisement: _____
(If possible, attach a copy of the advertisement.)

Financial Institution Involved, if any: _____

Referred by (private attorney or legal aid group, etc.):

Name: _____ Address: _____

Have you contacted the party you are complaining about? Yes () No ()

Have you retained a private attorney? Yes () No ()

Did a telemarketer contact you? Yes () No ()

Nature of Complaint: Fully explain your complaint, describing events in the order in which they occurred. Use additional pages if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Desired Relief: Would you like a refund, repair, replacement, etc.?

NOTE: If you believe you need legal advice, we suggest you contact a private attorney to handle your complaint.

I understand that:

- the State has full discretion concerning its acceptance, investigation and resolution of this complaint;
- the State cannot act as my attorney; and
- no attorney/client relationship is established as a result of any activities undertaken on my behalf.

I hereby:

- affirm that this complaint is true and correct to the best of my knowledge; and
- authorize the use of my name and this complaint in investigating the company or individual complained of.

DATE: _____ SIGNED: _____

Optional:

Please answer the following questions. This information will help us determine whom we serve and will be used for statistical purposes only.

1. Your age (circle one): 18-30 31-40 41-50 51-60 Over 60

2. Are you disabled? Yes () No ()

3. If you are a minority member, designate which: _____